01 F 02 F

PART B - FEE(S) TRANSMITTAL

Complete and this form, together with applicable fec(s), to: Mail

Mail Stop ISSUE FEE

PADEMARK			or Fax	(703) 746-4000	irginia 22313-1450)	
INSTRUCTIONS: This form appropriate. All further corresindicated unless corrected bel maintenance fee notifications.	should be used for tran spondence including the l low or directed otherwise	smitting the ISSUE Patent, advance order in Block 1, by (a)	FEE and PUBI as and notification specifying a new	JCATION FEE (if no on of maintenance fee correspondence addr	equired). Blocks I through 5 is will be mailed to the current ess; and/or (b) indicating a se	should be completed when it correspondence address a parate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Fcc(s) Transmittal.	of mailing can only be used. This certificate cannot be used ional paner, such as an assign	i for any other accompanyir
34947 7590 06/07/2005				papers. Each additional paper, such as an assignment or formal drawing, mu- have its own certificate of mailing or transmission.		
LANXESS CORPORATION 111 RIDC PARK WEST DRIVE PITTSBURGH, PA 15275-1112 1/2005 TBESHAH2 00000019 10751314				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Unit States Postal Service with sufficient postage for first class mail in an envelo addressed to the Mail Stop ISSUE FEE address above, or being facsimi transmitted to the USPTO (703) 746-4000, on the date indicated below.		
					Seng. Reg. No. 48,851	(Depositor's name
C:1501					1	(Signatur
::1504	1400.00 OP 300.00 OP				AHE /1 0 2005	(Der
APPLICATION NO.	FILING DATE	FJ	RST NAMED INV	ENTOR/	ATTORNE DOCKET NO.	CONFIRMATION NO.
APPLN. TYPE	SMALL ENTITY NO	ISSUE FEE	2	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUS 09/07/2005
·				—		03/01/2003
EXAMINER		ARTUNIT		CLASS-SUBCLASS		
DAVIS, BRIAN I		1621		564-406000		•
1. Change of correspondence a CFR 1.363).			(1) the names of	m the patent front page f up to 3 registered p	· · · · · · · · · · · · · · · · · · ·	er R. Seng, Reg. No. 4
CFR 1.353). Change of correspondent Address form PTO/SB/122; "Fee Address" indication PTO/SB/47; Rov 03-02 or Number is required. 3. ASSIGNEE NAME AND R PLEASE NOTE: Unless as recordation as set forth in 3	nce address (or Change of) attached. n (or "Fee Address" Indicamore recent) attached. Us ESIDENCE DATA TO B n assignee is identified be 7 CFR 3.11. Completion	Correspondence cof a Customer E PRINTED ON THelow, no assigned de of this form is NOT	(1) the names of agents OR, a (2) the name of registered after 2 registered pat listed, no name HE PATENT (print at a will appear of a substitute for fi	f up to 3 registered p ternatively, a single firm (having tey or agent) and the ic at attorneys or agents will be printed. It or type) the patent, If an as- ing an assignment,	as a member a anamos of up to a signee is identified below, the	
CFR 1.363). Change of corresponder Address form PTO/SB/122. Tree Address indication PTO/SB/47; Rov 03-02 or Number is required. 3. ASSIGNEE NAME AND R PLEASE NOTE: Unless at recordation as set forth in 3 (A) NAME OF ASSIGNEE	nce address (or Change of) attached. In (or "Fee Address" Indicamore recent) attached. Use ESIDENCE DATA TO B In assignce is identified by 7 CFR 3.11. Completion	Correspondence cof a Customer E PRINTED ON THelow, no assigned de of this form is NOT	(1) the names of agents OR, a (2) the rume of registered after 2 registered pat listed, no name IE PATENT (prinata will appear of a substitute for file RESIDENCE: (Control of the control	f up to 3 registered p ternatively, a single firm (having sey or agent) and the six attorneys or agents will be printed. It or type) the patent, If an as- ing an assignment, ITY and STATE OR (as a member a anames of up to a signee is identified below, the COUNTRY)	
CFR 1.353). Change of corresponder Address form PTO/SB/122/ "Fee Address" indication PTO/SB/47; Rov 03-02 or Number is required. 3. ASSIGNEE NAME AND R PLEASE NOTE: Unless at recordation as set forth in 3 (A) NAME OF ASSIGNEE BAYER AKTIENG.	nce address (or Change of) attached. In (or "Fee Address" Indication of the Address and the	Correspondence chicon form c of a Customer E PRINTED ON THe clow, no assigned de of this form is NOT	(1) the names of or agents OR, a (2) the name of registered after 2 registered after 2 registered pat listed, no name IE PATENT (print at will appear or a substitute for fire RESIDENCE: (CLEVERKU	f up to 3 registered p ternatively, a single firm (having tey or agent) and the cast attorneys or agents will be printed. It or type) a the patent, If an asing an assignment, ITY and STATE OR USEN, GERMA	as a member a 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	document has been filed f
CFR 1.353). Change of corresponder Address form PTO/SB/122. "Fee Address" indication PTO/SB/47; Rov 03-02 or Number is required. 3. ASSIGNEE NAME AND R PLEASE NOTE: Unless at recordation as set forth in 3 (A) NAME OF ASSIGNEE BAYER AKTIENG.	nce address (or Change of) attached. In transfer Address* Indication of the Address of of the Addres	Correspondence continuence co	(1) the names of or agents OR, a (2) the name of registered after 2 registered after 2 registered pat listed, no name IE PATENT (print at will appear or a substitute for fire RESIDENCE: (CLEVERKU	f up to 3 registered p ternatively, a single firm (having leey or agent) and the leey or agent attemeys or agents will be printed. If or type) In the patent, If an asing an assignment, ITY and STATE OR (I) SEN, GERMAN	as a member a anames of up to a signee is identified below, the COUNTRY)	document has been filed f
CFR 1.363). Change of corresponder Address form PTO/SB/122/ The Address indication PTO/SB/47; Rov 03-02 or Number is required. 3. ASSIGNEE NAME AND R PLEASE NOTE: Unless at recordation as set forth in 3 (A) NAME OF ASSIGNEE BAYER AKTIENG.	nce address (or Change of) attached. In transfer Address* Indication of the Address of of the Addres	Correspondence chicon form c of a Customer E PRINTED ON THe clow, no assigned de of this form is NOT (B) rics (will not be printed.)	(1) the names of or agents OR, a (2) the name of registered after 2 registered after 2 registered pat listed, no name IE PATENT (print at a will appear or a substitute for fit RESIDENCE: (CLEVERKU	f up to 3 registered p ternatively, a single firm (having leey or agent) and the leey or agent attemeys or agents will be printed. If or type) In the patent, If an asing an assignment, ITY and STATE OR (I) SEN, GERMAN	as a member a 2 names of up to If no name is 3 signee is identified below, the COUNTRY)	document has been filed f
CFR 1.363). Change of corresponder Address form PTO/SB/122/ The Address form PTO/SB/122/ The Address form PTO/SB/122/ The Address form of Address form of Address form of Address form of Address for the Add	nce address (or Change of) attached. In (or "Fee Address" Indication of the control of the con	Correspondence chien form e of a Customer E PRINTED ON THe clow, no assigned de of this form is NOT (B) rics (will not be printed.)	(1) the names of or agents OR, a (2) the name of registered after 2 registered after 2 registered pateristed, no name (E PATENT (prints at will appear of a substitute for fire pateristed on the patent) (CLEVERKU CLEVERKU CLE	f up to 3 registered p ternatively, a single firm (having ley or agent) and the cast attorneys or agents will be printed. It or type) a the patent, If an asing an assignment, ITY and STATE OR SEN, GERMAN Individual Indi	as a member a 2 2 2 3 3 3 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	document has been filed for
CFR 1.363). Change of corresponder. Address form PTO/SB/122/ Direc Address indication PTO/SB/47; Rev 03-02 or Number is required. 3. ASSIGNEE NAME AND R PLEASE NOTE: Unless ar recordation as set forth in 3 (A) NAME OF ASSIGNEE BAYER AKTIENG: Please check the appropriate as 4a. The following fee(s) are on It issue Fee	nce address (or Change of) attached. In (or "Fee Address" Indication of the property of the	Correspondence chion form to of a Customer E PRINTED ON THe clow, no assigned de of this form is NOT (B) rics (will not be printed to be	(1) the names of or agents OR, a (2) the name of registered after 2 registered after 2 registered after 3 registered after 3 registered after 3 registered after 3 registered pat listed, no name HE PATENT (print at a will appear of a substitute for fif RESIDENCE: (CLEVERKU ted on the patent) Payment of Feets A check in the Payment by or The Director	f up to 3 registered p ternatively, a single firm (having tey or agent) and the cast attorneys or agents will be printed. It or type) a the patent. If an assing an assignment. ITY and STATE OR (SEN, GERMA) Individual amount of the fee(s) is amount of the fee(s) is edit card. Form PTO-2 is bereby authorized by	as a member a anames of up to a signee is identified below, the COUNTRY) NY Corporation or other private a senciosed. 1038 is attached. 104 y charge the required fects), or charge the required fects).	document has been filed f
CFR 1.363). Change of corresponder Address form PTO/SB/122; The Address form PTO/SB/122; The Address form PTO/SB/122; The Address form Address for Indication PTO/SB/47; Rov 03-02 or Number is required. 3. ASSIGNEE NAME AND R PLEASE NOTE: Unless at recordation as set forth in 3 (A) NAME OF ASSIGNEE BAYER AKTIENG Please check the appropriate as 4a. The following fac(s) are en Indication for the Samue Fee Publication Fee (No sme Advance Ordex - # of C 5. Change in Entity Status (firest factors)	nce address (or Change of) attached. In (or "Fee Address" Indication of the control of the con	Correspondence chion form e of a Customer E PRINTED ON THe slow, no assigned de of this form is NOT (B) rics (will not be printed)	(1) the names of or agents OR, a (2) the name of registered after 2 registered after 2 registered pat listed, no name HE PATENT (print at a will appear of a substitute for fit RESIDENCE: (CLEVERKU ted on the patent) Phyment of Fee(s) A check in the Payment by or The Director is opposit Account it	f up to 3 registered p ternatively, a single firm (having levy or agent) and the cent attorneys or agents will be printed. It or type) a the patent, If an assing an assignment, ITY and STATE OR (SEN, GERMA) Individual Common of the fee(s) is amount of the fee(s) is defit eard. Form PTO-2 is bereby authorized bumber	as a member a anames of up to a signee is identified below, the COUNTRY) NY Corporation or other private gas enclosed. 1038 is attached. 1039 y charge the required fects), of conclose an extra	document has been filed f goup entity Government or credit any overpayment, copy of this form).
CFR 1.363). Change of corresponder Address form PTO/SB/122, Fee Address indication PTO/SB/122, Fee Address indication PTO/SB/47; Rov 03-02 or Number is required. 3. ASSIGNEE NAME AND R PLEASE NOTE: Unless at recordation as set forth in 3 (A) NAME OF ASSIGNEE BAYER AKTIENG Please check the appropriate as the following free(a) are ended to be a second as the following free of the same Fee Advance Order - # of C 5. Change in Entity Status (free in	nce address (or Change of) attached. In (or "Fee Address" Indication of the control of the con	Correspondence chicon form e of a Customer E PRINTED ON THe slow, no assigned de of this form is NOT (B) rics (will not be print 4b. 1 2d 37 CFR 1.27.	(1) the names of or agents OR, a (2) the name of registered after 2 registered after 2 registered pat listed, no name HE PATENT (print at a will appear of a substitute for fit RESIDENCE: (CLEVERKU) ted on the patent) Payment of Feets A check in the Payment by or The Director of Coposit Account 1 b. Applicant is	f up to 3 registered p ternatively, a single firm (having tey or agent) and the cent attorneys or agents will be printed. It or type) a the patent, If an assing an assignment, ITY and STATE OR (SEN, GERMA) I limited to the fee(s) is amount of the fee(s) is did card. Form PTO-2 is bereby authorized by humber	as a member a anames of up to a signee is identified below, the COUNTRY) NY Corporation or other private a senciosed. 1038 is attached. 104 y charge the required fects), or charge the required fects).	document has been filed f goup entity Government or credit any overpayment, copy of this form).
CFR 1.363). Change of corresponder Address form PTO/SB/122, Fee Address indication PTO/SB/122, Fee Address indication PTO/SB/47; Rov 03-02 or Number is required. 3. ASSIGNEE NAME AND R PLEASE NOTE: Unless at recordation as set forth in 3 (A) NAME OF ASSIGNEE BAYER AKTIENG Please check the appropriate as the following free(a) are ended to be a second as the following free of the same Fee Advance Order - # of C 5. Change in Entity Status (free in	nce address (or Change of) attached. In (or "Fee Address" Indication of the control of the con	Correspondence chien form e of a Customer E PRINTED ON THe clow, no assigned de of this form is NOT (B) rics (will not be printed) at the printed of the control of t	(1) the names of or agents OR, a (2) the name of registered after 2 registered after 2 registered pat listed, no name HE PATENT (print at a will appear of a substitute for fit RESIDENCE: (CLEVERKU) ted on the patent) Payment of Feets A check in the Payment by or The Director of Coposit Account 1 b. Applicant is	f up to 3 registered p ternatively, a single firm (having tey or agent) and the cent attorneys or agents will be printed. It or type) a the patent, If an assing an assignment, ITY and STATE OR (SEN, GERMA) I limited to the fee(s) is amount of the fee(s) is did card. Form PTO-2 is bereby authorized by humber	as a member a anames of up to a signee is identified below, the COUNTRY) NY Corporation or other private a senelosed. O38 is attached. y charge the required fee(s), or (enclose an extra	group entity Government overpayment, copy of this form).

an application. Confidentiality is governed by 35 U.S.C./122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPO. Time will vary depending upon the individual ease, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burken, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND PEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



Fax Coversheet

Date:

August 10, 2005

To:

ISSUE FEE

Company:

USPTO

Fax:

703-746-4000

Fax:

From:

Div/Dept.:

412-809-1054

Jennifer R. Seng

Law/Intellectual Property

Number of pages (including this page) 4

Phone:

Phone:

412-809-2233

ATTORNEY DOCKET: PO-7874/LeA 36,332

APPLICATION OF: Adolf Sicheneder et al

GROUP NO.: 1621

SERIAL NUMBER: 10/751,314

FILED: January 2, 2004

Please find a copy of an ISSUE FEE TRANSMITTAL, Communication and Form PTO-2038.

If you have any questions please call.

\sr\S:\Law Shared\SHARED\JRS\PATENTS\7874\Fax-ISSUE FEE USPTO.doc

NOTICE OF CONFIDENTIALITY

The information contained in and transmitted with this facsimile may be confidential, subject to the attorney-client privilege, attorney work product, and/or exempt from disclosure under applicable law and is intended only for the individual or entity named above. If you are not the intended recipient, you are hereby notified that inadvertent disclosure of this information to you does not constitute a waiver of confidentiality or privilege and that any review. disclosure, copying, or use of the contents of the facsimile by you is prohibited. If you have received this facsimile in error, please immediately call the sender collect at the above phone number, so that we can arrange for the return of the original facsimile at our cost.



PATENT APPLICATION PO-7874 LeA 36,332

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICATION OF

ADOLF SICHENEDER ET AL

SERIAL NUMBER: 10/751,314

FILED: JANUARY 2, 2004

TITLE: PROCESS FOR THE PRODUCTION OF AMINODIPHENYLAMINES

OGROUP NO.: 1621

EXAMINER: BRIAN J. DAVIS

EXAMINER: BRIAN J. DAVIS

COMMUNICATION

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450 Sirs:

This communication is to request that the payment regarding the simultaneously submitted Issue Fee Transmittal be charged to the Credit Card as instructed on the attached Form PTO 2038, and also this is to authorize that any insufficiencies of fees be deducted from Deposit Account No. 50-2527 and that any overpayments be credited to that same Deposit Account No. 50-2527.

Respectfully submitted,

LANXESS Corporation Law & Intellectual Property Department 111 RIDC Park West Drive Pittsburgh, Pennsylvania 15205-9741 (412) 809-2233 FACSIMILE PHONE NUMBER: (412) 809-1054

\sr\S:\Law Shared\SHARED\JRS\PATENTS\7874\
Communication.doc

Jennifer R/Seng Attorney for Applicants Reg. No. 45,851

I hereby certify that this berespondence is being deposited with the United States Postal Service as first class mail in an enveloped addressed to: Commissioner for Patents, Alexandria, VA 22313-1450 or facsimile transmitted to the USPTO on the date below:

Name of applicant, assignee or Registered Bepresentative

ionatu